



To: KPDES Division of Water  
Mr. Erich Cleaver

502-564-9636

From: David

**Date and Time**

10/28/09

**Number of Pages**

Including this cover page.

3

◆  
If you have any problems or questions regarding this transmission,  
please call 606-248-0551  
fax: 606-248-0560  
◆

KPDES, Application Notice of  
Deficiency

AI ID:37109

Bell County, Ky.

Mr. Cleaver,

Attached is the completed page of our Permit Application (XII).

I apologize for this oversight.

Thank you for your cooperation.



*[Signature]*  
P. O. Box 1310

MIDDLESBORO, KENTUCKY 40965-3110



POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>		8 mg/L	1
TOTAL SUSPENDED SOLIDS		18 mg/L	1
FECAL COLIFORM		Neg	1
TOTAL RESIDUAL CHLORINE		BDL mg/L	1
OIL AND GREASE		< 5.0 mg/L	1
CHEMICAL OXYGEN DEMAND		29.9 mg/L	1
TOTAL ORGANIC CARBON		< 50.0 ppb	1
AMMONIA		0.03 mg/L	1
DISCHARGE FLOW		0.00144 MGD	1
pH		6.88 units	1
TEMPERATURE (WINTER)		62°F	1
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>David C. Perez, President</i>	TELEPHONE NUMBER (area code and number): <i>602-245-0551</i>
SIGNATURE <i>David C. Perez</i>	DATE <i>8/12/2005</i>